

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. P4507

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated be low next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Control Method for Data Path Load-Balancing on a Data Packet Network

I hereby state that I have reviewe claims, as amended by any amend material to the examination of this the case that the present application material information as defined in application and the filing date of t States Code s119 of any foreign a below any foreign application for that of the application on which programs of the prior Foreign Application(s)	was filed on: Application S Application S and was ame (If application of the content of the cont	cop/912,849 Serial No able) contents of the contents of	ne above-identifice the duty to the duty to the 37, Code of Fition, I further ack evailable between aim foreign prior certificate listed	disclose information which is ederal Regulations, s 1.56 (a). In mowledge the duty to disclose the filing date of the prior ity benefits under Title 35, United below and have also identified
riioi roleigh Application(s)	(Nun	nber)	(Country)	(Day/Month/Year Filed)
I hereby claim the benefit under 7 below and, insofar as the subject r States application in the manner p the duty to disclose material inforbetween the filing date of the prio	Fitle 35, United States natter of each of the crowided by the first properties as defined in	claims of this aragraph of T Title 37, Code	and 119 of any U application is no litle 35, United St e of Federal Regu	t disclosed in the prior United tates Code, \$112, I acknowledge tlations, \$156(a) which occurred
(Application Serial No.): (Application Serial No.): (Application Serial No.): (Application Serial No.):	(Filing Date): (Filing Date):	_ (Status): _ _ (Status): _	<del></del>	
POWER OF ATTORNEY: As a prosecute this application and tran (List name and registration numb	sact all business in th	eby appoint t le Patent and	he following atto Trademark Offic	rney(s) and/or agent(s) to e connected therewith.
Name:Donald R. Boys	Reg. No. 35,074		•	

SEND CORRESPONDENCE TO: Donald R. Boys P.O. Box 187 Aromas, CA 95004 DIRECT TELEPHONE CALLS TO: Donald R. Boys (831) 726-1457





I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

rull name of sole or first inventor: Erol Basturk		
'1st inventor's signature:		
	·	Dated: ~ 7 ~ 7 / 200
Residence: 10246 Will Court, Cupertino, CA. 95014 Citizenship: Swis	<u>ss</u>	
Post Office Address: Same		
Full name of 2nd joint inventor, if any:		
2nd inventor's signature:		Dated:
Residence: Citizenship:		
Post Office Address:		
E-H (0.11141 - 10		
Full name of 3rd joint inventor, if any:	1	
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3rd inventor's signature:		Dated:
Residence: Citizenship:		
Post Office Address:		
Full name of 4th injut inscentage if any		
Full name of 4th joint inventor. if any:		
4th inventor's signature:		D-4-1
Residence: Citizenship:		Dated:
Post Office Address:		
Fost Office Address:		
Full name of 5th joint inventor. if any:		
an name of sur joint inventor. If any.		
5th inventor's signature:		Dated:
Residence: Citizenship:		
Post Office Address:		
Full access of Cal		
Full name of 6th joint inventor. if any:		
6th inventor's signature:		
Residence: Citizenship:	<del></del>	Dated:
Post Office Address:	<u>;</u>	
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Full name of 7th joint inventor. if any:		
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7th inventor's signature:		Dated:
Residence: Citizenship:		<del>-</del>
Post Office Address:		
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Full name of 8th joint inventor. if any:		
and or our joint inventor. It mily.		
8th inventor's signature:		Dated:
Residence: Citizenship:	<del></del>	
Post Office Address:		
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Declaration and Power of Attorney- Page 2